

SUB APPLICATION FAX FORM

Phone (561) 753-2430 * Fax Number (561) 753 - 2428

PROPOSED IMPROVEMENT LOCATION	
Job Address	Email Address:
CON	TRACTOR INFORMATION
Company Name	Phone Number
Contact Person	Fax Number
License Number Email Address	
DESCRIPTION OF	PROPOSED Phone Access Code:
COMMERCIAL	
Please Check One Only	LOW VOLTAGE
ELECTRICAL	ROOFING
PLUMBING	REFRIGERATION
MECHANICAL	OTHER
	Construction Value: \$
APPLICATION IS HEREBY MADE TO OBTAIN CERTIFY THAT NO WORK OR INSTALLATIONS ALL WORK WILL BE PERFORMED TO MEET T JURISDICTION AND IN ACCORDANCE WITH THE I FURTHER ACKNOWLEDGE THE FOLLOWING: 4 THIS PERMIT IS GOOD FOR A MAXIMU THIS PERMIT BECOMES NULL AND VOWITHIN 6 MONTHS, OR IF CONSTRUCTIME AFTER WORK HAS COMMENCED ISSUANCE OF A PERMIT IS NOT AUTH FAILURE TO COMPLY WITH APPLICAT FUTURE PERMITS.	DID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED TION OR WORK IS ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY D. DO THE PUBLIC OR PRIVATE RESTRICTIONS. TION CONSTRUCTION REGULATIONS MAY RESULT IN WITHHOLDING ATION OR REPRESENTATION IS A VIOLATION OF LAW AND MAY
STATE OF FLORIDA COUNTY OF PALM NOTARY: The foregoing instrument was acknowledged bet ByWh (Name of Person Acknowledging) as identification and who did/did not take an oar	fore me thisday of, 20 o is personally known to me or who has produced, (Type of I.D.)
(Signature of Contractor/Owner)	(Signature of Notary) SEAL

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